

YMCA OF EL PASO SPRING SPORTS

REGISTRATION FORM

(PLEASE RETURN TO MEMBERSHIP)

PLEASE PRINT CLEARLY

Child's Full Name: _____

Age Bracket: _____

DOB: _____

Parent/Guardian Full Name: _____

Address: _____

Email: _____

Phone Number: _____

Member ID (staff use only): _____

****PLEASE LIST ACTIVE PHONE NUMBERS AND EMAIL ADDRESSES****

Home Branch (Required Circle one): Bowling Loya Westside

IF NEEDED, Would You Coach? YES NO

UNIFORM SIZE REQUEST (PLEASE CIRCLE):

*Late registrants may not be guaranteed their shirt size selection

YOUTH: XS S M L XL

ADULT: S M L XL PARENT SIZE (TOTS ONLY) ADULT: S M L XL XXL

TOTS (2-3yrs)	5U (4-5yrs)	7U (6-7yrs)	9U (8-9yrs)	11U (10-11yrs)	13U (12-13yrs)
TOTS: _____	BASKETBALL: _____ SOCCER: _____	SOCCER: _____ BASKETBALL: _____ CHEERLEADING: _____	SOCCER: _____ (Loya & Bowling Only) BASKETBALL: _____ VOLLEYBALL: _____ CHEERLEADING: _____ FLAG FOOTBALL: _____ (Loya & Bowling Only)	BASKETBALL: _____ VOLLEYBALL: _____ CHEERLEADING: _____ Flag Football: _____ (Loya & Bowling Only)	BASKETBALL: _____ VOLLEYBALL: _____ CHEERLEADING: _____

STAFF TO COMPLETE:

CHILD PRACTICE DAY: _____ PRACTICE TIME: _____ STAFF NAME: _____

Release of Liability/ Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any video or photographic image of the participant, herein, taken during program or activity for use in any YMCA of El Paso publication. I further agree to abide by all of the YMCA of El Paso policies and procedures.

Parent Signature: _____ Date: _____